

**COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF INDUSTRIAL ACCIDENTS**

**TREATMENT GUIDELINES
EFFECTIVE OCTOBER 1, 1998**

GUIDELINE NUMBER 27 - CHRONIC PAIN SYNDROME

I. Background:

- A. Chronic Pain Syndrome represents a specific diagnosis which refers to that chronic pain which is out of proportion to what would be expected from the history and physical examination, and is associated with significant impairment in spite of apparent healing of underlying pathology. Common clinical manifestations include intensive utilization of medical services and physician prescribed drugs, persistent complaints of pain, symptoms of anxiety, depression and anger. Chronic Pain Syndrome may have a strong psycho-social component and thus the treatment should include psychological support.
- B. The purpose of an intensive short-term treatment program is behavioral management of chronic pain behaviors and reduction of physical impairments. The goal is to rehabilitate the injured worker so he or she can function as normally as possible in work related activities, or those functions essential to such activities, rather than to eliminate the pain.
- C. A diagnosis of Chronic Pain Syndrome, or a recommendation for chronic pain treatment, may be inappropriate when a patient has other conditions that may make treatment ineffective. **Treatment may be ineffective where a patient exhibits symptoms such as somatic delusions, opiate addiction and factitious disorders.**
- D. This guideline is meant to cover the majority of tests and treatments. It is expected that approximately 10% of cases will fall outside this guideline and require review on a case by case basis.

II. Inclusion Criteria (Must satisfy all):

- A. A diagnosis of Chronic Pain Syndrome by the treating Practitioner and either a finding that the patient is at maximum medical improvement (MMI) of the primary diagnosis, or a recommendation by the treating practitioner for a Chronic Pain Program either inpatient or outpatient.
- B. Chronic pain is out of proportion to what would be expected from the history and physical examination as determined by the treating practitioner.
- C. Chronic pain is associated with significant impairment in spite of apparent healing of underlying pathology as determined by the treating practitioner.
- D. One or more of the following: intensive utilization of medical services and drugs; persistent complaints of pain; symptoms of anxiety, depression and anger, or; other clinical manifestations of chronic pain.
- E. Any patient whose recovery exceeds the expected duration of treatment for the primary diagnosis without becoming eligible for another guideline (for example, a change in diagnosis).

**COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF INDUSTRIAL ACCIDENTS**

**TREATMENT GUIDELINES
EFFECTIVE OCTOBER 1, 1998**

Page Two
Guideline Number 27

III. Inpatient or Outpatient Treatment:

A. Patients in this guideline should be considered to have received all appropriate and necessary care following either 3 weeks of inpatient treatment or 8 weeks of outpatient treatment.

B. Allowed (Within scope of license)

1. Evaluation of Chronic Pain Syndrome and development of a treatment plan by a multi- disciplinary treatment team, no member of which shall be a practitioner who has previously examined, ordered medical care for, rendered medical care to, or reviewed the medical records, of the injured employee - **required**
 - a. **Only one evaluation, as described, shall be allowed prior to treatment**
2. The treatment team shall include a licensed mental health professional (either a psychiatrist or psychologist) and no more than three of the following: physician, physical therapist, occupational therapist, or chiropractor. At least one member of the treatment team should be a clinician who by virtue of training or experience is especially qualified to evaluate and treat chronic pain patients - **required**
3. Assignment of a member from within the pain program/treatment team to coordinate clinical care (a Program Coordinator)- **required**
4. Within 7 calendar days of the initial evaluation for treatment under this guideline, a Patient Contract for, and an outline of a treatment plan - **required**
 - a. **Non-compliance with the Patient Contract, as determined by the Program Coordinator, will result in immediate termination from the treatment program and this guideline.**
5. Physical Capacity Evaluation
6. Work Conditioning or Work Hardening - **maximum of 20 visits, up to 4 hours/visit, based on treatment plan**
7. Return to work - **strongly encouraged**
8. Withdrawal program for addicting or habituating medication prescribed as a result of the primary work-related injury or illness - **required**
9. Psychotherapy-**maximum of 15 visits based on treatment plan**
10. Physical Therapy- **maximum 20 visits based on treatment plan**
11. Occupational Therapy- **maximum 20 visits based on treatment plan**
12. Chiropractic - **maximum 20 visits based on treatment plan**
13. Physical agents and modalities (e.g.heat/cold, electrical stimulation, iontophoresis, phonophoresis, ultrasound, flouiri-methane, cold laser) - **maximum of 2 allowed per treatment session.**

**COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF INDUSTRIAL ACCIDENTS**

**TREATMENT GUIDELINES
EFFECTIVE OCTOBER 1, 1998**

Page Three
Guideline Number 27

C. Not Allowed

1. Physical agents and modalities (e.g.heat/cold, electrical stimulation, iontophoresis, phonophoresis, ultrasound, flouri-methane, cold laser) -not allowed as the only treatment procedure.
2. Home equipment (e.g. home whirlpool, hot tub, special beds or mattresses, waterbeds, recliner or lounge chairs, electro-sleep devices, electrical nerve (TENS) or muscle stimulators).
3. Duplication of any services for patients being treated by more than one discipline (physical therapy, occupational therapy, allopathic medicine and chiropractic).

IV. Discharge Plan:

- A. Summary report done by the treatment team, including determination of work capacity, maximum medical improvement , and permanent impairment using the most current edition of AMA Impairment Guide - required.
- B. An Office of Education and Vocational Rehabilitation referral form, signed by the Program Coordinator and sent to the DIA- required